

# REPORTING

## Types of Reports

\*\*\*DDSN has implemented the use of THERAP as the official electronic record of service delivery. Therap's General Event Record (GER) will be utilized accordingly to document events. The GER and Critical Incident (CI) Directives are closely related, as some of the events documented in the GER will result in a CI report. Supporting documentation related to the event must be uploaded in Therap with a reference noted in the CI report regarding the title and location of this documentation. Duplicate uploads are not required. DDSN will retain the authority to request additional documentation where needed.\*\*\*

1. **Verbal Report**—If a report is of such a serious nature that, in the judgement of program managers, the incident should be reported immediately, then the Facility Administrator/Executive Director/CEO/Designee, shall notify the Associate State Director for Operations by telephone or through one of the designees.
2. **Written Report**
  - ◇ All initial reports are to be reported using the IMS within 24-hours or the next business day, whichever comes first. A brief description of the incident is required to include basic details/copied text from the GER to allow the authorized reviewer good understanding of the events, parties involved, and any outside medical or LLE intervention.
  - ◇ Final Report—An internal management review will be conducted of all critical incidents. Results must be submitted on the IMS within 10 working days of the incident or whenever any staff first became aware of the incident. The final report for those residing in ICF/IID facilities must be submitted within 5 working days to comply with DHEC requirements.

*The report will contain the results of the review and will list recommendations to prevent or reduce where possible the recurrence of such incidents in the future. Any changes to plans or assessments, HRC requirements, summarized hospital discharge information, summarized LLE reports, or accountability levels are to be included in the final report and uploaded into the IMS/GER with reference to both. If all information is not available at the time of the final report, then an addendum will be required. [If the disposition of the review changes or additional information becomes available after the review is submitted an addendum is required within 24-hrs or the next business day.]*

\* Section 1150B of the Social Security Act, established by section 6703(b)(3) of the Affordable Care Act requires ICFs/IID to report any reasonable suspicion of a crime against a resident to at least one law enforcement agency and to DHEC—Bureau of Certification. {ANE is reported to SLED and all other crimes to LLE. If serious bodily injury the report should be made within 2-hrs and all others within 24-hrs. In cases where the incident involves a fire or serious injury to a person supported residing in an ICF, a report must be made to DHEC/Division of Licensing within 10 -days of the occurrence—*fractures of major limbs or joints, severe burns, severe lacerations, severe hematomas, suspected ANE, etc*—notification can be made to <http://www.scdhec.gov/Apps/Health/AIRports/DefaultAIPublic.aspx> or by fax to 803.545.4212 (Licensing) and 803.545.4292 (Certification) or the 24-hr hotline at 1.800.922.6735. In CRCF's a facility shall immediately report every serious accident/incident within 24-hrs. for the serious event—*crimes against residents, confirmed or suspected abuse, medication errors with adverse reactions, hospitalization as a result of the accident/incident, severe hematoma, laceration or burn requiring medical attention/hospitalization, fracture of bone or joint, severe injury involving restraints, attempted suicide or fire.* All 24-hr incident/accident reports should be emailed to [BHFL@dhec.sc.gov](mailto:BHFL@dhec.sc.gov) or faxed to 803.545.4212..

*The SCDDSN, as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, head and spinal cord injury and conditions related to each of these four disabilities.*

*VISION - WHERE WE ARE GOING!*

*To provide the very best services to assist all persons with disabilities and their families in South Carolina.*

*MISSION - WHAT WE DO!*

*Assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals; and minimize the occurrence and reduce the severity of disabilities through prevention.*

*VALUES - OUR GUIDING BELIEFS!*

*Health, safety and well-being of each person; Dignity and respect for each person; Individual and family participation, choice, control and responsibility; Relationships with family, friends and community connections; Personal growth and accomplishments.*

*PRINCIPLES - FEATURES OF SERVICES AND SUPPORTS*

*Person-centered and Community Inclusive Responsive, efficient and accountable practical, positive and appropriate strengths-based, results-oriented opportunities to be productive and maximize potential best and promising practices.*

*FOR AN EXPANDED EXPLANATION OF DEFINITIONS AND REPORTING REQUIREMENTS REFER TO DIRECTIVES 100-09-DD & 100-21-DD*

SC Department of Disabilities and Special Needs  
Statewide Incident Management Coordinator

3440 Harden Street Ext./ PO Box 4706  
Columbia, SC 29240

Phone: 803.898.9163  
Fax: 803.898.7450

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## South Carolina Department Of Disabilities And Special Needs

### Critical Incidents

[100-09-DD]

### Adverse Operational Events

[100-21-DD]

### Definition and Reporting

## DEFINITION



A **Critical Incident** is an unusual or unfavorable occurrence that is NOT consistent with routine operations; has a harmful or negative effect on *those supported*, employees or property and occurs in a DDSN Regional Center, DSN board facility or other service provider during the direct provision of other DDSN funded services. **If the EI is not in the home when the incident occurred no need to report the incident.**

An **Adverse Operational Event** is an unusual, unfavorable occurrence that is not specific to individual DDSN Service recipient and is not consistent with routine operations; has harmful or otherwise negative effects involving Individuals with disabilities, employees or property; occurs in a DDSN Regional Center, DSN Board Facility or other service provider facility or during the direct provision of other DDSN funded services and DOES NOT MEET THE CRITERIA to be considered a critical incident as defined in the Critical Incident Reporting Directive (100-09-DD).

## EXAMPLES

### Critical Incident Reporting

(includes but not limited to)

- CHOKING**—choking on food, liquids, a foreign object or material where the Individual is unable to breathe or is unable to breathe in a normal way due to an airway obstruction and requires intervention by staff—i.e., Heimlich maneuver, back thrusts. \*\*\*Requires completion of Dysphagia/GERD Protocol. [refer to 535-13-DD] \*\*\*
- SERIOUS INJURIES**—A serious injury, either discovered or observed, requiring hospitalization or Urgent Medical Treatment, including any loss consciousness, fractures, (excluding fingers and toes), head injury or wound requiring five (5) sutures/staples. This may include accidents and injury resulting from falls or seizures or the result of some other underlying medical condition. Minor injuries that require less than five (5) sutures/staples are NOT required to be reported as a Critical Incident unless the incident meets other criteria for reporting. Lacerations of less than one (1) inch in length requiring only Dermabond or Steri-Strips for closure are also NOT required to be reported. **FOR MINOR INJURIES THAT ARE NOT REPORTED AS A CI, THE PROVIDER MUST RECORD THE INJURY IN THE THERAPY GENERAL EVENT REPORT, INCLUDING PROVIDER RESPONSE AND ANY MEDICAL TREATMENT AND TRACK THROUGH THE PROVIDER'S RISK MANAGEMENT COMMITTEE.** \*\*\*Serious injuries of unknown Origin must be reported to SLED and the provider must follow the ANE reporting Process. [Directive 534-02-DD] \*\*\*
- SUICIDAL IDEATIONS/SELF INJURIOUS BEHAVIOR**—Threats/Attempts of suicide, suicidal ideations, or self-harm. [Refer to DDSN Directive 101-02-DD for complete assessment requirements.]
- MEDICATION ERROR RESULTING IN ADVERSE REACTION**—Includes incidents in which the person supported experienced life-threatening and/or permanent adverse consequences due to a

medication error and outside medical intervention was required, including observation in an emergency room. If during the review, the act is determined neglectful, then the ANE reporting process must be followed. [Directive 534-02-DD]

- MEDICAL FOLLOW-UP NOT PROVIDED**—The person supported does not receive the prescribed medical and/or rehabilitative follow-up for his/her condition resulting in a serious adverse reaction, infection or further complications. This includes but is not limited to: *personal care hygiene, oral care, wound care special diets/nutrition, assistive devices and/or monitoring.* \*\*Supervisory staff must determine if the situation warrants an allegation of neglect—*Directive 534-02-DD.* \*\*\*
- PHYSICAL AGGRESSION/ASSAULT**—The physical assault or aggression displayed between two persons supported resulting in serious injury or hospitalization. *The victim should be made aware of their right to contact LLE. [If staff encouraged, failed to intervene or failed to provide adequate supervision this incident meets the ANE criteria.]*
- RESTRAINTS**—Includes any restraints resulting in an injury or any restraint that is not part of a health-related protection as ordered by a physician or an approved BSP reviewed by the Human Rights Committee. This includes manual, mechanical and chemical restraints. If, during the review, the act is deemed neglectful, then the ANE reporting process must be followed. **Directive 534-02-DD**
- ELOPEMENT**—Any time a person supported is missing from their designated location for a period of *more than one (1) hour* beyond their documented need for supervision. [REFER TO DDSN DIRECTIVE 510-01-DD: Supervision of People Receiving Services for additional information.]
- LAW ENFORCEMENT INVOLVEMENT**—Assistance/Intervention is required from law enforcement (LE) and a Report/Case ID is issued as a result of that involvement. Includes but not limited to the following sub-categories:
  - Theft of Money/Property/Controlled Medications:** Theft of any supported person's funds or property (exceeding \$100 in value) or any amount of controlled medications from any supported person regardless of home, work or community setting.
  - Weapons:** Possession of any firearm, weapon or explosive by a person supported.
  - Illegal Substance:** Possession of any illegal substances by a person supported.
  - Arrest or Investigation** resulting in a police report or case ID #.
- SEXUAL AGGRESSION/ASSAULT**—Sexual aggression/assault between two persons supported that includes the direct threat of or actual physical contact. This includes but is not limited to: sexual intercourse, any form of intimate contact of genitalia, groping, or sexual coercion. (Refer to DDSN Directive 533-02-DD for additional info.)
- PROVIDER STAFF USE OF MALICIOUS OR PROFANE LANGUAGE**—Use of malicious or profane language by staff towards a person supported. This includes, but is not limited to threatening, obscene or derogatory language, teasing and taunting. **[If the incident meets the ANE Psychological criteria a report must be filled—refer to 534-02-DD.]**

12. **CRIMINAL SUSPICION IN AN ICF/IID**—Reasonable suspicion that some crime has occurred against a resident of an Intermediate Care Facility for person's with an Intellectual Disability (ICF/IID) only. The incident must be reported to LLE and DHEC, Bureau of Certification within two (2) hours if a person sustains serious bodily injury or within 24-hours otherwise.

## ADVERSE OPERATIONAL EVENTS

(includes, but is not limited to)

- DDSN PROVIDER CONDUCT VIOLATION**—Possession of any firearms or weapons while working or on the premises of any DDSN contracted service location or possession or use any illegal substance or intoxication while working or on the premises of any DDSN contracted service location.
- DDSN OPERATIONS-REPORT OF MEDICAID FRAUD**—Any report of alleged billing for services that were not provided. \*\*\***ALSO REQUIRES A REPORT TO THE STATE ATTORNEY GENERAL'S OFFICE-MEDICAID FRAUD CONTROL UNIT.**\*\*\*
- HAZARDOUS EVENT**—Any report of fire (sparks/flames included), natural disasters, hazardous contamination of any provider agency facility or vehicle accidents (WHERE VEHICLE DAMAGES EXCEED \$2500).
- THEFT OR MISUSE OF AGENCY FUNDS**—Any known or justifiable suspected theft or misuse of agency funds/property or private funds/property by anyone (staff, individual or someone in the community), that have an impact on the facility or program operations. Situations involving suspected theft, misuse, or exploitation of individual funds must be reported under DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency, unless the incident appears to be random in nature (e.g., the Individual was in the community and was not targeted due to perceived disability.)
- PUBLIC INTEREST/SENSITIVE SITUATIONS**—Other situations judged to be unusually significant or of high public interest.

